

Report Period # AF

Name (print)

Office (if applicable)

District (if applicable)

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Revised: Jan-04

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CAMPAIGN EXPENSESReport Period # **AF**

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
State of NV, Office of SOS 101 N. Carson Street, #3 Carson City, NV 89701	J	03/28/03	\$5,150.00
Committee for Mark Amodei 3445 West Wind Road Las Vegas, NV	J	11/14/03	\$500.00
Senate Republican Leadership Conference, The Mansion, MGM Grand, LV	J	11/14/03	\$500.00
Committee for Dina Titus 2290 S. Jones Blvd., #100 Las Vegas, NV 89146	J	12/05/03	\$500.00
Committee for Maurice Washington P.O. Box 1166 Sparks, NV 89432	J	12/08/03	\$500.00
Committee for Joe Hardy 895 Adams Boulevard Boulder City, NV 89460	J	12/19/03	\$250.00
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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period # AF

Sunrise Healthcare Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
None	-----	-----	-----	-----
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Sunrise Healthcare System Good Government Fund PAC
Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None .	-----	-----	-----
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